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Date of Deposit

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Basic Filing Fee								\$	710
Multiple Dependent Claim Fee (\$ 270)								\$	
Foreign Language Surcharge (\$ 130)								\$	
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	34	-20	14	x	\$	18	= \$ 252	
	Independent Claims	5	-3	2	x	\$	80	= \$ 160	
TOTAL FILING FEE								\$	1,122

- ☒ Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$1,122.00. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.


Please address all correspondence to:

Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-5179

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to 203-677-6900.

Respectfully submitted,

Date: 29 March 2001

  
\_\_\_\_\_  
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